## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ESAFund	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay
Full Name of Payee Axis Research, Inc.	Date of Public Distribution/Dissemination
·	09 / 15 / Y Y Y Y
Mailing Address 107 S. West Street PMB 148	Amount
City State Zip Code	18900.00
Alexandria VA 22314	Transaction ID : SE.6890 Date of Disbursement or Obligation
Purpose of Expenditure research Category/ Type	Mam / Dad / Yayayay
Name of Federal Candidate Support Office	Sought: House District:
John Neely Kennedy Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rsement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.	09 15 2016
Mailing Address 600 Fairmount Avenue, #306	09 13 2010
	Amount
City State Zip Code	75520.00
Towson MD 21286	Transaction ID : SE.6892 Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate  Support  Office	Sought: House District:
John Neely Kennedy Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For: Primary   General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	94420.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Nancy H. Watkins  [Electronically Filed] Date  O	9 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
ESAFund	C C00489856	
Check if 24-hour report		
Red November LLC	of Public Distribution/Dissemination	
Mailing Address 1557 Brame Drive	09 15 2016	
Amo	unt	
City State Zip Code	18000.00	
Date	saction ID : SE.6888 of Disbursement or Obligation	
Purpose of Expenditure media production Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	ht: House District:	
John Neely Kennedy Oppose Presid		
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2016	ent For: Primary <b>X</b> General Other (specify) ▶	
Full Name of Payee Date	e of Public Distribution/Dissemination	
	M = M / D = D / Y = Y = Y	
Mailing Address Amo	punt	
City State Zip Code		
Pote	of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Soug	ght: House District:	
Oppose Presid	dent Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Disbursement	ent For: Primary General  Other (specify) ▶	
	Other (Speeliy) >	
(a) SUBTOTAL of Itemized Independent Expenditures	18000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures	112420.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Nancy H. Watkins  [Electronically Filed] Date 09	17 2016	
Oignatule		